

COVER LETTER FOR CHANGE OF FUNERAL HOME OR SUPERVISING
FUNERAL DIRECTOR or EMBALMER

Updated 02/09/2015

This form will need to be utilized should a current/active apprentice need to notify the Board of a change in the funeral home in which they are completing their apprenticeship or a change in supervising funeral director or embalmer. Please complete the form, including all signatures and notaries required, and send the original to the address below. A faxed copy will NOT suffice.

Once the completed affidavit has been received by Board staff, has been processed, and deemed that everything is in order, the Board will send you new reports reflecting the changes requested on the affidavit. Please allow two week for this process to take place.

**Oklahoma Funeral Board
3700 N. Classen, Ste 175
Oklahoma City, Oklahoma 73118
405.522.1790**

**STATE OF OKLAHOMA REGISTERED APPRENTICE EMPLOYMENT
AFFIDAVIT**

I, _____ of _____
Name Street Address

_____ In the State of Oklahoma, being first duty
City State Zip

Sworn, state that I am _____ years of age and that I am applying for an Apprentice Registration in the
State of Oklahoma, and that I am now employed by _____
Name of Funeral Home

in the City of _____ in the State of Oklahoma.
City of Funeral Home

I/we certify

1. that the applicant named herein is an employee of the establishment listed.
2. have read, understand, and will abide by the Funeral Service Licensing Act and Rules of the Oklahoma Funeral Board
3. apprenticeship will be served under the **personal** supervision of the licensees whose signatures appear on this application.
4. have read the application and the matters and things therein are true and correct.

Signed _____
Applicant

Signed _____ FD
Supervising Funeral Director License Number

Signed _____ EM
Supervising Embalmer License Number

Additional Licensees who will be supervising Apprenticeship

Signed _____ FD # _____ EM# _____

Signed _____ FD # _____ EM# _____

Signed _____ FD # _____ EM# _____

Subscribed and sworn to or affirmed before me this _____ day of
_____, 20____, by _____.

SEAL [Applicant's Full Name]
My Commission Expires: _____

Commission Number: _____

NOTARY _____